

discharge. The doctor is not, therefore, an autocrat on the bridge handing down commands to all around her.

If this is true, then it may be dangerous for the doctor to step out of this individual role and influence the medical care of groups of patients, because there will be conflict between, say, keeping his patient in hospital and pressures to shorten the average length of stay in hospital. Politicians forget that it is only too easy to practise cheap medicine, but that this may not be right.

The third relationship discussed in this book is that between the doctor and litigation over his actions. Many doctors believe that the increasingly vexatious patient will damage the trust between patients and their doctors and that this will impair standards of medical care. More legal action will force doctors to reconsider whether the risks to them (*sic*) justify carrying out potentially dangerous procedures. They can always decline to do so, and instead ask the patient to seek another opinion. Who benefits then?

Naturally there are no answers in this book, but I recommend practising doctors, and not just those interested in philosophy and ethics, to read this book. I found that some of the writing was neither simple nor clear and some words should not have been allowed to escape from the dictionaries. But this writing on the hospital walls should not be ignored by the profession.

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## Explorations in Medicine: Volume 1

Edited by David Lamb, Teifion Davies, and Marie Roberts, 222 pages, Aldershot, £22.50, Gower Publishing Group, 1987

A major issue in contemporary philosophy of medicine is that of mechanism versus holism. In a mechanistic approach, the essential subject of medical theory is how the operation of physical processes results in functioning and malfunctioning of the various bodily organs; health is defined as the absence of disease, illness or injury; and the task of medicine is to relieve malfunctioning and suffering by removing its physical causes. In a holistic approach, the subject is the person as a whole, health is an ideal of

maximum well-being and the function of medicine is not only to relieve injury and pain but also to increase personal autonomy. A crucial question for both theory and practice is which approach should be adopted, or, if they are combined, how exactly the synthesis is to be made.

The articles in this collection cover a range of topics in medical ethics and philosophy of medicine, but they have in common that they all to some degree defend or presuppose a holistic and person-centred approach to medicine. This is most explicit in the two papers by E K Ledermann, the first of which argues that, while both approaches must be used, the holistic approach should be primary, while the second reinforces the point by showing how theories in medicine differ significantly from those in the purely physical sciences, such as astronomy. These papers are complemented by David Seedhouse's, which argues for a holistic concept of health, and by Ann Slack's, which describes some of the harm done by the excessively mechanistic approach of the 'medical establishment'.

Three other papers show, by implication, the need for a holistic approach to medical ethics, ie one that both respects individuals as persons and acknowledges that they are members of a wider social group. Thus Ruth Chadwick's paper criticises the *Warnock Report* for trying to deal with the ethics of reproductive technology without considering its effects on society as a whole. George Agich's paper argues that there are great difficulties in deciding what is a justifiable policy for genetic engineering if one relies on traditional or 'Rawlsian' considerations of justice (though it is unclear whether his conclusion is that we should reject genetic engineering altogether or that we should use a less individualistic ethical framework). And Bob Brecher seeks to demonstrate the impossibility of any morally neutral definition of mental illness, such as one based on lack of 'rationality', from which it would follow that even diagnosis has to consider the person in society.

The remaining three papers are concerned with applying the moral principle of respect for persons. Charles Dougherty derives from it ten criteria for 'morally acceptable research with human subjects', many of which have been all too often ignored. Heather Milne derives from 'a view of persons as "moral wholes"' a theory of the limits of permissible genetic engineering.

Finally, David Lamb examines 'the slippery slope' argument, that to permit abortion or to legalise euthanasia, even in limited and justifiable instances, would erode respect for human life, and argues that it fails in the case of abortion but is valid for euthanasia.

It should be added that the level of these papers is very high. Some are more concise than others, but every one of them is clear, interesting and worth reading. No reader is likely to agree with everything in them; but something can be learnt from them all.

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## The Contraceptive Ethos: Reproductive Rights and Responsibilities

Edited by Stuart F Spicker, William B Bondeson and H Tristram Engelhardt Jr, 254 pages, Dordrecht, Holland, £32.95, US \$39, DFI 120.00, D Reidel Publishing Company, 1987

This book, part of a series on philosophy and medicine, contains thirteen papers presented at an American symposium entitled *Reproductive Rights and Responsibilities: Medicine and the New Biology*, held in 1983, and subsequently revised after discussion between authors and participants. The authors are American, mainly academics in medicine, philosophy, law, political science, sociology, history and population dynamics.

The book's introduction refers to 'the plethora of concepts germane to the new contraceptive ethos'. Some of the authors, however, question whether modern contraceptive technology has led to a new ethos about procreation, contraception, parenthood and population. This key question evokes a variety of responses. Most of the authors agree that sexual activity and contraception have to be seen in their social and moral context. The development of effective contraception has depended on contemporary cultural determinants, especially sexual attitudes and the socio-economic role of the female. Other factors influencing sexual behaviours are general population need, maternal and infant mortality rates, beliefs about

reproduction and the social good and fears by dominant groups of higher population growth in other groups (what one British expert has called 'competitive tribalism'). One author even offers a variant of the 'yellow peril' theme: fear that the First World will lose its world primacy.

There is much discussion about the human right to control fertility and the extent to which this has to be seen in context. One author asserts that the right is not fundamental but must take account of responsibilities to the self, to others and to the next generation. No author dissents from the proposition that the decline of external moral absolutism and advances in contraceptive technology have led to greater individual choice – and hence to greater individual moral responsibility. Women, in particular, have gained control over their sexual lives, while individuals generally have been able to avoid some of the undesirable results of sexual activity. However, contraception has not radically changed attitudes to human sexuality. We are told that sexual behaviour is a complex human activity in which sexual attitudes determine the acceptability of contraception rather than the reverse.

The relationship between individual responsibility and external guidance is considered in the context of the sexual behaviour of minors and the role of public health workers providing contraceptive services to them. The question is whether medical providers should be moral educators. Although medical morality has replaced religious morality, this has not avoided conflicts of moral value both for providers and clients of contraceptive services.

Two authors deal with the relationship between population growth and development, a theme occupying increasing attention in international institutions concerned with development. How population growth relates to national welfare is an 'intricate problem'; when is government intervention morally justified? China's coercive one-child policy raises ethical issues. It is concluded that such issues have to be considered in the context of the values of those involved and the claims of the communities affected.

This book provides a stimulating and informative debate on a wide-ranging topic. It touches (too briefly) on the issue of individual responsibility to future generations but deliberately avoids the matter of individual responsibility for what happens to other life on earth as world population growth

puts such life under ever greater pressure. Those major moral issues must impinge on sexual behaviour.

Any further symposium on this topic should deal with Sexually Transmitted Diseases (STDs) and include one or more contributors from the Third World where the pressures of excessive population growth could produce new moral and philosophical insights.

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## Sharing the Darkness: The Spirituality of Caring

Sheila Cassidy, 164 pages, London, £5.95, Darton, Longman and Todd, 1988

Everyone, so we are told, has a book in them. *Sharing the Darkness* is that kind of book and its spirituality is personal.

Dr Sheila Cassidy was thrust into the limelight when in 1975, having treated a wounded revolutionary in Chile where she was then working, she was herself arrested and tortured. It was a remarkable story of personal courage and I remember hearing her on the radio describing in a most moving way the spiritual aspect of this experience (more fully recalled in her book *Audacity to Believe*). In this present book she refers to this terrible incident in passing. More recently she has become well known as the Medical Director of St Luke's Hospice, Plymouth, which was featured in the TV series *The Visit*. It is from this experience of terminal care, which has been her concern for the past nine years, that she draws the main themes for her book.

When these two aspects of her life are in mind her writing is at its best. While critical of attitudes which sometimes make professionals appear uncaring she nevertheless explains the process and the system which can bring this about. She considers communication of 'bad news' and provides a thoughtful chapter entitled *Hospice as Community*, in which she confronts the tensions of stressed working relationships finding 'natural' support groups more useful than 'facilitated' ones in helping to bring about some resolution.

If the book is something of a patchwork wrought from stuff of varied quality and having no easily discernible pattern overall, at least in her Introduction the author lets us know

she is aware that this is so. It was a book she had to write. The subtitle is perhaps then misleading for it is not a systematic theology of caring.

The poignant illustrations which can hold the attention of an audience for a lecture, broadcast – talk or sermon, can appear maudlin when written. I found this especially so in her description of hospice patients or members of the L'Arche Community in their work. As she says: 'It is difficult to write without sounding sentimental'.

This aside, the book will be most appreciated by those who find the autobiographical jottings of others helpful in charting their own journey through life and who are taking soundings to discover the spiritual bedrock. If it does raise more questions than it answers then this is an inevitable part of that voyage of discovery that has to be made in the matter of faith as in other matters of human knowledge. It is an honest attempt to grapple with important issues of belief and especially with the problem of pain and suffering. It is by someone who has experienced pain acutely herself and has continued to observe it closely in the sufferings of her patients as well as in herself and her co-workers while attempting, through professional skills, to bring relief and comfort to those in their care. Above all it is a book by someone who cares passionately about her work and is seeking to understand its spiritual dimension. Sheila Cassidy did test her vocation to the religious life when she entered a convent but she returned to medicine eighteen months later – knowing that way of life was not to be hers. She is concerned not just about the love of God but also about the love of neighbour. Here is no spiritual flight of fancy, for her writings are related to the real world (Meister Eckhart, St Ignatius, Annie Dillard, Helder Camara are among her guides) ... it is incarnational.

I look forward to Sheila Cassidy's more systematic development of these important themes in what I hope will be a series of further writings. Meanwhile *Sharing the Darkness* provides a useful starting point for discussion and for prayerful reflection.

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## Maitre De La Vie

Charles Lefevre, 215 pages, Paris, FF 95, Le Centurion, 1987